



At California Mental Hospitals, Fear Is Part Of The Job

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Heard on Morning Edition

April 7, 2011 - RENEE MONTAGNE, host:

The tipping point for major change is often tragedy. That may be the case here in California at the state psychiatric hospital in Napa. That's where an employee named Donna Gross was murdered by a patient last fall. Her killing was one of thousands of violent acts at the hospital that year.

We're going to be talking about rising violence in California's psychiatric hospitals this morning, and tomorrow with NPR's Ina Jaffe, who joins us here at NPR West. Good morning, Ina.

INA JAFFE: Good morning, Renee.

MONTAGNE: Let's begin with that murder of Donna Gross. Tell us who she was and how she died.

JAFFE: She was a psychiatric technician at Napa Hospital. She'd been working there for 14 years. And she was coming back from a break late one afternoon, walking on the hospital grounds, and she ran into a patient named Jess Massey.

You know, you have to understand, Napa's not a prison, it's a hospital. It's got a series of low-rise buildings on a sort of campus-like setting. And like a lot of patients at Napa, Jess Massey had a pass that allowed him to walk around on the grounds behind the security fence unsupervised. So allegedly he cornered Donna Gross between a couple of buildings, attacked her, stuffed dirt in her mouth, which kept her from screaming, and strangled her. And he's pleaded not guilty.

MONTAGNE: And was there no warning that he was dangerous?

JAFFE: Oh sure. He had a criminal history, included aggravated sexual assault, armed robbery and attempted murder. But you know, these days that's not unusual at Napa. More than 80 percent of the patients come there by way of the criminal justice system. They're considered incompetent to stand trial, not guilty by reason of insanity, or just too dangerous and mentally ill to be paroled to the community.

You know, 20 years ago, hardly any of Napa's patients were criminal commitments. And staffers complain that this hospital just wasn't designed to deal with the patients it's now serving.

So since Donna Gross's death, Napa employees have staged demonstrations in front of the hospital.

Unidentified People: What do we want? Safety! When do we want it? Now!

JAFFE: Finding people in this crowd who'd been attacked by patients turned out to be easy.

Chris Cullen is a psychiatric technician.

Mr. CHRIS CULLEN (Psychiatric Technician, Napa Hospital): Yeah, I just got punched in the face by an individual. I was protecting him from an assault when he punched me.

JAFFE: Zach Hatton is a recreation therapist.

Mr. ZACH HATTON (Recreation Therapist, Napa Hospital): I was punched in the face about a year and a half ago, and then my wrist was twisted up pretty badly and just has never healed.

JAFFE: Dr. Richard Frishman is a psychiatrist who had been interviewing a new patient.

Dr. RICHARD FRISHMAN (Psychiatrist, Napa Hospital): And he came flying across the table, fists flying. He was able to hurl me against the wall, where I struck my head and fractured my wrist.

JAFFE: As someone who is there to help make people better, what's it like when you're also afraid of those people?

Dr. FRISHMAN: You have to be able to separate your own traumas from the moment. And if you can walk away at the end of the day and feel that you've helped those truly in need of help, that seems to outweigh the risks that we currently take.

JAFFE: So you're able to just put that out of your mind?

Dr. FRISHMAN: My girlfriend would say no.

JAFFE: There are statistics to support these stories. Here's just one example: In a six-month period ending in early 2009, patients at Napa committed 75 physically aggressive acts against staff. In the same period one year later, there were nearly four times as many assaults. These figures are from a report mandated by the Department of Justice. It also shows that patient-on-patient aggression more than doubled during that same time.

Unidentified Man (Patient, Napa Hospital): There is nothing therapeutic about what's going on here, nothing at all.

JAFFE: That's the voice of a Napa patient. We weren't allowed to speak to any patients when we visited the hospital, so we reached him by phone. He fears retaliation, so we're not going to use his name. He says a relatively small percentage of predatory patients make violence and intimidation part of daily life.

Unidentified Man: So what do I do? Stay in my room. Because other than that, I don't, you know, I have no desire to be out in the unit fighting. I have no desire to be violent. I'm not a violent person, you know, I'm just not.

JAFFE: At least he's not when he's on his meds. This patient was sent to the hospital after being arrested for assault and found incompetent to stand trial. But as he describes it, violence is almost inescapable at Napa - like the night he heard an alarm go off in the hall outside his room.

Unidentified Man: So I got up, got out of my bed and this guy was sitting around here throwing garbage cans. And you know, he looked at me and told me I needed to take my old ass back to bed and blah, blah, blah. And he attacked me, and I put 11 stitches in his hand, but I broke my hand doing it.

JAFFE: That's the view from inside the security fence. In her office outside of the fence, Napa's executive director, Dolly Matteucci, says that she wants nothing more than for her staff to be safe on the job. However...

Ms. DOLLY MATTEUCCI (Executive Director, Napa Hospital): There's an inherent kind of risk in treating and working with individuals that are severely mentally ill, and I think all of our staff recognize that when they come to work here.

JAFFE: Matteucci first came to work at Napa 20 years ago as a dietician and rose through the ranks. She got her current job after Napa's previous chief executive was arrested on child molestation charges. He has since been convicted.

Matteucci says she welcomes the staff's renewed focus on safety.

Ms. MATTEUCCI: I think that that is wonderful, in terms of us all talking more pointedly about what the concerns are, what the recommendations are, and taking action.

JAFFE: Among the actions taken since Donna Gross's murder is the elimination of grounds passes like the one that Gross's alleged killer had. The campus-like layout of the hospital, with foliage and walled courtyards between buildings, provides too many places to hide.

But staffers want more, and they're hoping state lawmakers can help.

Assemblyman MIKE ALLEN (Democrat, California): First of all, just welcome all of you here. I'm just really glad that we have lots of staff from Napa State Hospital.

JAFFE: Assemblyman Mike Allen, a Democrat, represents the Napa area. The hospital's employees are his constituents and a couple of hundred were at a hearing he convened at a local community college. Allen said he was there to listen - and he did - to a two-hour saga of injury, anger and grief.

Brad Leggs, a psychiatric technician at Napa and a union rep, created an image to go with the words.

Mr. BRAD LEGGS (Psychiatric Technician, Napa State Hospital): If I may, I would respectfully like to ask those in the audience to briefly stand up if you've been injured or assaulted, or your co-worker has been assaulted.

JAFFE: Nearly everyone stood. And that sight motivated the acting head of the state Department of Mental Health to call a summit meeting to deal with safety issues at all of California's psychiatric hospitals. It was held last week at Napa, and it was picketed by staff, who say they don't need more meetings -they need action.

MONTAGNE: And Ina Jaffe's back with us. Now, Ina, what actions do they think need to be taken?

JAFFE: Renee, they want more security measures. Here's just one example: right now hospital police are stationed outside of the security fence. So if something goes wrong on one of the units, it takes them a while to get there. Employees want that to change.

They also say that the current treatment plan is actually making things more dangerous. It came about as a result of a consent decree with the federal government and it applies to four of California's five psychiatric hospitals. And that's one of the issues we're going to look at tomorrow.

MONTAGNE: NPR's Ina Jaffe, thanks very much.

JAFFE: You're welcome.

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Violence Surges At Hospital For Mentally Ill Criminals

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Heard on Morning Edition

April 8, 2011 - RENEE MONTAGNE, host:

This morning, we're continuing our report on the increase in violence at some of California's state psychiatric hospitals. In a moment, we take you to Atascadero State Hospital on the central coast. It was designed to treat mentally ill criminal offenders.

NPR's Ina Jaffe has been reporting this story, and she joins us in our studio here at NPR West.

Good morning.

INA JAFFE: Good morning.

MONTAGNE: And yesterday, we talked about the psychiatric hospital in Napa. The problem there is that the hospital wasn't designed to handle all the patients from the criminal justice system that it now treats. But that's not the story of Atascadero. Why is the violence going up there, too?

JAFFE: Well, considering the patients they treat at Atascadero, it's always going to be dangerous. But according to state and federal documents, it's gotten worse since 2006. Now, that's the same year that the state signed an agreement with the federal government to put in a detailed new treatment plan. It's 92 pages long. It covers everything - psychiatry, dentistry, nutrition, the works.

MONTAGNE: And why is the federal government getting involved in its psychiatric care?

JAFFE: Well, they're not exactly. The treatment plan came out of a civil rights investigation. It's something the Justice Department has done at a lot of public hospitals around the country. In California, they found some serious problems: abuse and neglect of patients, substandard care, lousy record-keeping. Their investigation actually turned up some pretty disturbing stories.

MONTAGNE: So, the new treatment plan was supposed to make things better.

JAFFE: And it did, according to Justice Department documents and some of our conversations with hospital staffers. But violence has gotten worse at three of the four hospitals covered by the treatment plan. At Atascadero, it's gone up 36 percent. And that's what brought Republican State Senator Sam Blakeslee there recently, and not for the first time.

State Senator SAM BLAKESLEE (Republican, California): I have constituents who live here and work in the facility that are just distraught about their sense of threat and risk and potential injury. And it's just an inherently dangerous population.

JAFFE: But as we walk through the hospital, it appears more blandly institutional than dangerous. The halls seem endlessly long. The patients wear identical khaki pants and shirts. They tend to ignore us as we walk by, and no one looks up from the television when we enter the day room.

State Sen. BLAKESLEE: You know, that's how things are most of the time. And when things change, it changes very quickly.

JAFFE: A former psychiatric technician named Ramona Goodman found that out the hard way. It was September 2008. A patient made a routine request: He wanted some clean socks from the laundry room.

Ms. RAMONA GOODMAN (Former Psychiatric Technician, Atascadero): Which was down the hallway. So he and I walked down the hall, and as we were walking together, I had asked him about a - you know, so, you had a really hard time this weekend. And do you want to talk about that later with me? Maybe we can help you get things worked out. Yeah. I don't want to talk about it right now. OK.

JAFFE: And then they reached the laundry room door.

Ms. GOODMAN: I got my key in the lock, and I felt his arm come around underneath my chin. And I dropped my chin down as far as I could into my neck so he couldn't choke me out. So, we began to struggle. And he was hitting me alongside the head as I was biting him. And after a, I don't know, couple of minutes, I realized I was not going to win this fight.

JAFFE: Eventually, she managed to scream and a co-worker came to her rescue. Goodman now has two artificial discs in her neck held in place by a titanium plate. Her surgeon told her she can't work at Atascadero anymore.

Ms. GOODMAN: Because I could get knocked down, or whatever, and be paralyzed.

JAFFE: The attack was one of more than 1,000 violent incidents at Atascadero that year. Goodman blames the treatment plan the hospital was forced to adopt after the Justice Department's investigation. She says it drove a wedge between the staff and the patients by requiring massive amounts of documentation.

Ms. GOODMAN: Spending more time on paperwork than you are treating the patient, that's really the security problem right there.

JAFFE: She's not exaggerating, says psychiatrist William Walters.

Dr. WILLIAM WALTERS (Psychiatrist): I spent three or four hours a day typing, maybe sometimes six hours a day typing.

JAFFE: Walters left Atascadero about a year and a half ago after working there for nearly two decades. He says something else changed when the hospital went to the new treatment plan: Their safety program was disbanded. It had won awards and been cited as a national model.

Dr. WALTERS: They made it a hospital-wide mantra that safety was the first consideration. And they did a really fine job of it.

JAFFE: In 2008, the hospital started a new committee to deal with violence after a patient was murdered by a fellow patient.

We spoke with a number of current staffers at Atascadero. We aren't using their names because they've been warned not to speak to reporters without going through hospital administration. But they mostly share William Walters' skepticism about the plan calling for patients to identify their own goals and interests in choosing treatment options.

Dr. WALTERS: Which was, I thought, really poorly adapted to a mental hospital for felons and people who had committed severely violent crimes.

JAFFE: California is the only state where the Justice Department has imposed this regimen on hospitals that exclusively treat mentally ill criminals. California's second such hospital, Patton in San Bernardino, has also seen violent incidents rise by 36 percent.

The Justice Department declined our requests for an interview. We also tried to speak with a court-appointed monitor who tracks California's compliance with the treatment plan, but he's barred from speaking with the media.

The treatment plan does have a champion, though, in Jon DeMorales, the executive director of Atascadero. He welcomes the demands it's made on the hospital:

Mr. JON DEMORALES (Executive Director, Atascadero): That we establish reason for commitment, discharge goals, obstacles to discharge, and be geared to the strengths and weakness of an individual, to provide the individual with a realistic opportunity to recover from the reasons that led to their commitment here.

JAFFE: Which is not to say that the plan can't be improved. California's agreement with the federal government expires later this year, and DeMorales is already cutting down on those paperwork requirements.

Mr. DEMORALES: To reduce the workload on the staff, to give them more time to spend with their patients.

JAFFE: Walking through the hospital, State Senator Sam Blakeslee says there are things that have nothing to do with the treatment plan that can make this place safer, like new furniture.

State Sen. BLAKESLEE: You notice the chairs are intentionally so heavy, they're almost impossible to pick up and throw.

JAFFE: But ultimately, Blakeslee thinks it'll take new laws to make the hospital less dangerous. Other lawmakers agree. There are now at least half a dozen measures pending in the state legislature, all focused on hospital safety. One of Blakeslee's would make it easier to medicate patients against their will.

State Sen. BLAKESLEE: Those that are acting out and behaving in a way that could pose a risk to themselves, to the staff and other patients.

JAFFE: In the end, says Blakeslee, it's a matter of keeping faith with the taxpayers who are spending more than \$500 for each day a patient stays in the hospital.

State Sen. BLAKESLEE: And the public has a right to expect that these individuals will get the treatment to make them less dangerous, because ultimately, many of these people will be back on the streets. They'll be our neighbors. They will be at our grocery stores. Our kids will walk by their homes.

JAFFE: And they won't be less dangerous on the streets, he says, if they're trying to get well in a violent place.

Ina Jaffe, NPR News.

(Soundbite of music)

MONTAGNE: This is NPR News.

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